**FEC** 

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. NATIONAL ASSOCIATION OF LETTER CARRIERS OF U.S.A. POLITICAL FUND (LETTER CARRIER POLITICAL FUND) 100 INDIANA AVE., N. W. ADDRESS (number and street) (Check if address is changed) WASHINGTON 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS slater@nalc.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00023580 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. TIMOTHY C O'MALLEY Type or Print Name of Treasurer TIMOTHY C O'MALLEY [Electronically Filed] 12 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FFC Fc	orm 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE	i aye <b>£</b>
Candidat	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	1.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

F50 F		5. 4
FEC Form 1 (Revised C		Page 3
Write or Type Committee Name		
NATIONAL ASSOCIATION	OF LETTER CARRIERS OF U.S.A. POLITICAL FUND (LETTER CARRIER	POLITICAL FUND)
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	hip PAC Sponsor
BRANCH 193 NATIONAL	ASSOCIATION OF LETTER CARRIERS POLITICAL ACTION COM	MMITTEE
	2864 HAUGHTON DRIVE	
Mailing Address		
	SAN JOSE CA 95148	
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization X Affiliated Committee Joint Fundraising Representative Lea	ndership PAC Sponsor
. Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the person in pos	session of committee
NICOLE R	HINE	
Full Name	,100 INDIANA AVE, NW	
Mailing Address		
	WASHINGTON DC 20001	
Title or Position	CITY STATE	ZIP CODE
CUSTODIAN	Telephone number 202 – –	662
B. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	me and address of
Full Name TIMOTHY of Treasurer	C O'MALLEY	
Mailing Address	100 INDIANA AVENUE, NW	
	WASHINGTON DC 20001	
Title or Position TREASURER		ZIP CODE  662   -   2808

	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	NICOLE RHINE	
Mailing Address	100 INDIANA AVE, NW	
	WASHINGTON DC 20001  CITY STATE	ZIP CODE
Title or Position ASSISTANT TR	REASURER Telephone number	662 - 2821
safety denosit ho	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds	
safety deposit bo Name of Bank, D	Depository, etc.  REGIONS BANK	
	Depository, etc.  REGIONS BANK  315 DEADERICK STREET	
Name of Bank, D	Depository, etc.  REGIONS BANK	
Name of Bank, D	Depository, etc.  REGIONS BANK  315 DEADERICK STREET  3RD FLOOR  NASHVILLE  TN 37237	ZIP CODE
Name of Bank, D	Depository, etc.  REGIONS BANK  315 DEADERICK STREET  3RD FLOOR  NASHVILLE  TN 37237  CITY  STATE	ZIP CODE
Name of Bank, D	Depository, etc.  REGIONS BANK  315 DEADERICK STREET  3RD FLOOR  NASHVILLE  TN 37237  CITY  STATE	ZIP CODE
Name of Bank, D	Depository, etc.  REGIONS BANK  315 DEADERICK STREET  3RD FLOOR  NASHVILLE  TN 37237  CITY  STATE	ZIP CODE
Mailing Address  Name of Bank, D	Depository, etc.  REGIONS BANK  315 DEADERICK STREET  3RD FLOOR  NASHVILLE  TN 37237  CITY  STATE	ZIP CODE
Mailing Address  Name of Bank, D	Depository, etc.  REGIONS BANK  315 DEADERICK STREET  3RD FLOOR  NASHVILLE  TN 37237  CITY  STATE	ZIP CODE

### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This amended registration is being filed to update the Committee's Custodian of Records and Assistant Treasurer. Please make the necessary changes to your records.

Form/Schedule: Transaction ID:

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NATIONAL ASSOCIATION OF LETTER CARRIERS OF U.S.A. 100 INDIANA AVENUE, NW Mailing Address WASHINGTON DC 20001 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number

Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NATIONAL ASSOCIATION OF LETTER CARRIERS OF UNITED STATES OF AMERICA BRANCH 9 P.A.L. 11581 ILEX STREET, NW Mailing Address **COON RAPIDS** MN 55448 **CITY** ZIP CODE STATE 4 Relationship: Leadership PAC Sponsor Joint Fundraising Representative Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number

Page 8 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor ILLINOIS POLITICAL ACTIVE LETTER CARRIERS P.O. BOX 561 Mailing Address **4820 22ND AVENUE** ORLAND PARK 60462 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor BRANCH 28 NATIONAL ASSOCIATION OF LETTER CARRIERS POLITICAL ACTION COMMITTEE 1715 VANDYKE STREET Mailing Address **MAPLEWOOD** MN 55109 **CITY** ZIP CODE STATE 4 Relationship: Leadership PAC Sponsor Joint Fundraising Representative Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number

FEC Form 1G (Revised 06/2011) Page 10 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor BRANCH 343 - NATIONAL ASSOCIATION OF LETTER CARRIERS POLITICAL ACTION FUND 2225 BLENDON PLACE Mailing Address ST. LOUIS MO 63143 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number